

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Howard	Emily	A.	(209) 369-2976
MAILING ADDRESS (May be business address)		STATE	ZIP CODE
2137 TRENDA DR.		CA.	95242
		OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency or Court

Name of Office, Agency or Court:

City of LODI

Division, Board, District, if applicable:

Your Position:

Council Member

⇒ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ County of _____

☒ City of *LODI*

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2003, through December 31, 2003.

-or-

☐ The period covered is ____/____/____, through December 31, 2003.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2003, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

⇒ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☐ Yes - schedule attached
Income - Loans

Schedule E ☐ Yes - schedule attached
Income - Gifts

Schedule F ☐ Yes - schedule attached
Income - Travel Payments

-or-

⇒ ☐ No reportable interests on any schedule

Total number of pages

completed including this cover page: _____

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed *April 1, 2004*
(month, day, year)

Signature *Emily A. Howard*
(File the originally signed statement with your filing official.)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____

> NAME OF BUSINESS ENTITY
Cherren

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
stock

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
_____/_____/03 ____/_____/03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Vanguard / Lord Abbett & Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☒ Other Bond / Mutual Fund (Describe)

IF APPLICABLE, LIST DATE:
_____/_____/03 ____/_____/03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Washington Mutual

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Liquid Asset / Savings

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☒ Other Savings (Describe)

IF APPLICABLE, LIST DATE:
_____/_____/03 ____/_____/03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Praxair

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
_____/_____/03 ____/_____/03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
_____/_____/03 ____/_____/03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
_____/_____/03 ____/_____/03
ACQUIRED DISPOSED

Comments: _____

SCHEDULE C
Income & Business Positions
(Income Other than Loans, Gifts, and
Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

> NAME OF SOURCE City of Lodi

ADDRESS City Hall 221 W. Pine St. P.O. Box 3006

BUSINESS ACTIVITY, IF ANY, OF SOURCE Lodi, CA. 95241-1910

YOUR BUSINESS POSITION Council Member

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

> NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

> NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

> NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

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☐ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

Comments: _____

